

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars

497 CONTRIBUTION REPORT

NAME OF FILER VCTB NO ON PROPS. 4 & 8, SPONSORED BY FEMINIST MAJORITY FOUNDATION		Date of This Filing 10/29/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 29 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER (310) 556-2500	ID. NUMBER (if applicable) 1311419	Report No. 10292008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY BEVERLY HILLS, CA	STATE CA	ZIP CODE 90212	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/2008	FEMINIST MAJORITY FOUNDATION BEVERLY HILLS, CA 90212 NONMONETARY CONTRIBUTION: USB OF EMAIL LIST	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,392.13 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

PROP 4 & 8

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NAME OF FILER VOTE NO ON PROPS 4 & 8, SPONSORED BY FEMINIST MAJORITY FOUNDATION		Date of This Filing 10/29/2008	RECEIVED AND FILED in the office of the Secretary of State of California OCT 29 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 556-2500	ID NUMBER (if applicable) 1311419	Report No. 0292008B		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY BEVERLY HILLS, CA	STATE CA	ZIP CODE 90212		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/28/2008	CAMPAIGN FOR TEEN SAFETY - NO ON 4, A PROJECT OF PLANNED PARENTHOOD AFFILIATES OF CALIFORNIA (#1276142) SACRAMENTO, CA 95814 NONMONETARY CONTRIBUTION: USE OF EMAIL LIST	PROPOSITION 4 STATEWIDE	25,392.13	11/04/2008

Reason for Amendment _____

 (WED) 10:29:08 12:59/ST. 12:58/NO. 4863512710 P 2
 OCT 29 2008 13:00

FROM